



City of Santa Barbara Application for Water and Sewer Service

Date: _____

Customer Name: _____ Account #: _____
(Please Print) First Middle Last (If one already exists)

(Or) Business Name: _____ Assessors Parcel No. _____

Service Address: _____ Apt./Suite #: _____

Billing Address: _____

_____ City _____ State _____ Zip Code _____

Home Phone: (_____) _____ Social Security #: _____ - _____ - _____

Employer's Name: _____ Work Phone: (_____) _____

Spouse's Name: _____

Mark all new connections for which you are applying. For existing connections, skip to signature.

☐ **Water Service** (fill in one line for each meter requested; provide flow calculations for 1" or larger):

Meter Size	Service Address	Apt./ Suite #	Indicate type of service for each meter:				
			<input type="checkbox"/> SF Resid (detached)	<input type="checkbox"/> MF Resid	<input type="checkbox"/> Com/Indus	<input type="checkbox"/> Irrigation Only	<input type="checkbox"/> Recycled Wtr
			<input type="checkbox"/> SF Resid (detached)	<input type="checkbox"/> MF Resid	<input type="checkbox"/> Com/Indus	<input type="checkbox"/> Irrigation Only	<input type="checkbox"/> Recycled Wtr
			<input type="checkbox"/> SF Resid (detached)	<input type="checkbox"/> MF Resid	<input type="checkbox"/> Com/Indus	<input type="checkbox"/> Irrigation Only	<input type="checkbox"/> Recycled Wtr
			<input type="checkbox"/> SF Resid (detached)	<input type="checkbox"/> MF Resid	<input type="checkbox"/> Com/Indus	<input type="checkbox"/> Irrigation Only	<input type="checkbox"/> Recycled Wtr
			<input type="checkbox"/> SF Resid (detached)	<input type="checkbox"/> MF Resid	<input type="checkbox"/> Com/Indus	<input type="checkbox"/> Irrigation Only	<input type="checkbox"/> Recycled Wtr
			<input type="checkbox"/> SF Resid (detached)	<input type="checkbox"/> MF Resid	<input type="checkbox"/> Com/Indus	<input type="checkbox"/> Irrigation Only	<input type="checkbox"/> Recycled Wtr
			<input type="checkbox"/> SF Resid (detached)	<input type="checkbox"/> MF Resid	<input type="checkbox"/> Com/Indus	<input type="checkbox"/> Irrigation Only	<input type="checkbox"/> Recycled Wtr

Requested start of service date:

___ Immediately upon meter installation (billing starts from the time of meter installation)

___ Customer will contact the City Billing Office to start service (additional fee applies for each meter)

☐ **Sewer Service:** Size of sewer tap requested: ___ 4" ___ 6" (Indicate quantities if more than one.)
Note: Sewer charges will start as soon as the City's tap is installed, unless otherwise approved by the Director.

☐ **Fire Line Service:** Size of fire line tap requested: ___ 2" ___ 4" ___ 6" ___ 8" ___ 10"

I, the undersigned, do assume responsibility for, and guarantee payment of, all water bills incurred at the above address until I have given official notice to the City Water Billing Office to discontinue service. I agree to comply with all rules, regulations, and ordinances related to City water and sewer service as established by the City. I further agree to pay all water bills promptly within 20 days from the date the bill is mailed. Should my water bill become delinquent, I am aware that my water service may be temporarily interrupted until the bill and any delinquent and penalty charges are paid.

Signature: _____ Date: _____

Please check one: ☐ Owner ☐ Tenant ☐ Agent

For Office Use Only: Application Received By: _____ Date: _____

Notes: